

FILED

08 AUG 12 PM 2:35

CLERK OF DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA

Alfonso Mouzon

Plaintiff,

vs.

Pam Ahlin, Exec. Dir. (A)
Defendant.

CASE NO. CV 08 3678 MMC (PR)

**PRISONER'S
APPLICATION TO PROCEED
IN FORMA PAUPERIS**

I, Alfonso Mouzon, declare, under penalty of perjury that I am the plaintiff in the above entitled case and that the information I offer throughout this application is true and correct. I offer this application in support of my request to proceed without being required to prepay the full amount of fees, costs or give security. I state that because of my poverty I am unable to pay the costs of this action or give security, and that I believe that I am entitled to relief.

In support of this application, I provide the following information:

1. Are you presently employed? Yes ☒ No ☐

If your answer is "yes," state both your gross and net salary or wages per month, and give the name and address of your employer:

Gross: \$50.00 per Month Net: \$600.00 per Year

Employer: Patient Worker at COALINGA STATE HOSPITAL,

P.O. Box 5003, Coalinga, CA 93210-5003

1 If the answer is "no," state the date of last employment and the amount of the gross and net
 2 salary and wages per month which you received. (If you are imprisoned, specify the last
 3 place of employment prior to imprisonment.)

4 **Not Applicable**

5 _____
 6 _____
 7 2. Have you received, within the past twelve (12) months, any money from any of the
 8 following sources:

- 9 a. Business, Profession or Yes ____ No X
 10 self employment
 11 b. Income from stocks, bonds, Yes ____ No X
 12 or royalties?
 13 c. Rent payments? Yes ____ No X
 14 d. Pensions, annuities, or Yes ____ No X
 15 life insurance payments?
 16 e. Federal or State welfare payments, Yes ____ No X
 17 Social Security or other govern-
 18 ment source?

19 If the answer is "yes" to any of the above, describe each source of money and state the amount
 20 received from each.

21 **Not Applicable**

22 _____
 23 3. Are you married? Yes ____ No X

24 Spouse's Full Name: _____

25 Spouse's Place of Employment: _____

26 Spouse's Monthly Salary, Wages or Income:

27 Gross \$ _____ Net \$ _____

28 4. a. List amount you contribute to your spouse's support:\$ _____

1 b. List the persons other than your spouse who are dependent upon you for
 2 support and indicate how much you contribute toward their support. (NOTE:
 3 For minor children, list only their initials and ages. DO NOT INCLUDE
 4 THEIR NAMES.).

5 Not Applicable

6
 7 5. Do you own or are you buying a home? Yes ___ No X

8 Estimated Market Value: \$ _____ Amount of Mortgage: \$ _____

9 6. Do you own an automobile? Yes ___ No X

10 Make _____ Year _____ Model _____

11 Is it financed? Yes ___ No ___ If so, Total due: \$ _____

12 Monthly Payment: \$ _____

13 7. Do you have a bank account? Yes ___ No X (Do not include account numbers.)

14 Name(s) and address(es) of bank: _____

15 _____

16 Present balance(s): \$ _____

17 Do you own any cash? Yes ___ No X Amount: \$ _____

18 Do you have any other assets? (If "yes," provide a description of each asset and its estimated
 19 market value.) Yes ___ No X

20 _____

21 8. What are your monthly expenses?

22 Rent: \$ \$00.00 Utilities: \$00.00

23 Food: \$ \$50.00 per Month Clothing: \$00.00

24 Charge Accounts: **NONE**

25 Name of Account Monthly Payment Total Owed on This Acct.

26 _____ \$ _____ \$ _____

27 _____ \$ _____ \$ _____

28 _____ \$ _____ \$ _____

1 9. Do you have any other debts? (List current obligations, indicating amounts and to
2 whom they are payable. Do not include account numbers.)

3 **None**
4

5 10. Does the complaint which you are seeking to file raise claims that have been presented
6 in other lawsuits? Yes ___ No X

7 Please list the case name(s) and number(s) of the prior lawsuit(s), and the name of the court in
8 which they were filed.

9 **Not Applicable**
10

11 I consent to prison officials withdrawing from my trust account and paying to the court
12 the initial partial filing fee and all installment payments required by the court.

13 I declare under the penalty of perjury that the foregoing is true and correct and
14 understand that a false statement herein may result in the dismissal of my claims.

15
16 8-8-08

Alfonso Mouzon
Alfonso Mouzon

17 DATE

SIGNATURE OF APPLICANT
18
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28

Case Number: CV 08 3678 MMC (PR)

CERTIFICATE OF FUNDS
IN
PRISONER'S ACCOUNT

I certify that attached hereto is a true and correct copy of the prisoner's trust account statement showing transactions of Alfonso Mouzon for the last six months at

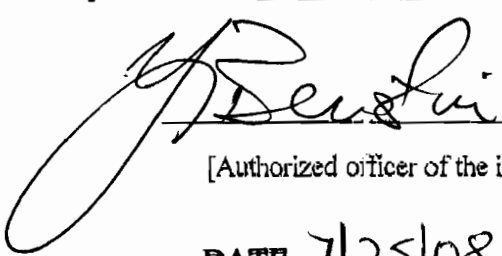
[prisoner name]

Coalinga State Hospital where ☒ he is confined.

[name of institution]

I further certify that the average deposits each month to this prisoner's account for the most recent 6-month period were \$ 36.76 and the average balance in the prisoner's account each month for the most recent 6-month period was \$ 84.57.

Dated: 7/25/08


[Authorized officer of the institution]

DATE 7/25/08

**THIS IS A CERTIFIED COPY OF
THE ABOVE NAMED PATIENT'S
HOSPITAL ACCOUNT.**


TRUST OFFICER

**CONFIDENTIAL PATIENT INFORMATION - CALIFORNIA WELFARE AND INSTITUTIONS CODE
 SECTIONS 5328 & 4514. INFORMATION SUBJECT TO RELEASE IN ACCORDANCE WITH THE
 FEDERAL PRIVACY ACT OF 1974 (PUBLIC LAW 93-579).**

7/25/2008
 9:04:47AM

**COALINGA STATE HOSPITAL
 TRUST ACCOUNT / CASHIERS' SYSTEM II
 Patient Ledger Report**

Page 1 of 2

0004739 Mouzon, Alfonso

	TransDate	Doc No.	Item	Comment	Withdrawl	Deposit	Balance
1	01/25/2008	13-012508	Misc Disbursement	Cash Card Disb	\$13.50		\$0.00
2	01/29/2008	17-20503	Jan Pay 1/1-1/15/08	Jan Pay 1/1-1/15/08		\$14.00	\$14.00
3	02/04/2008	13-020408	Misc Disbursement	CASH CARD DISB	\$14.00		\$0.00
4	02/14/2008	17-20530	Jan Pay 1/16-1/31/08 W/12.50	Jan Pay 1/16-1/31/08 W/12.50		\$36.50	\$36.50
5	02/14/2008	17-20530	Jan Pay 1/10-1/15/08	Jan Pay 1/10-1/15/08		\$8.00	\$44.50
6	02/28/2008	17-20552	Feb Pay 2/1-2/15/08	Feb Pay 2/1-2/15/08		\$20.00	\$64.50
7	03/03/2008	13-030308	Misc Disbursement	CASH CARD DISB	\$64.50		\$0.00
8	03/13/2008	17-20579	Feb Pay 2/16-2/29/08 w/12.50	Feb Pay 2/16-2/29/08 w/12.50		\$32.50	\$32.50
9	03/17/2008	13-031708	Misc Disbursement	CASH CARD DISB	\$32.50		\$0.00
10	03/28/2008	17-21011	MAR PAY 3/1-3/15/08	MAR PAY 3/1-3/15/08		\$22.00	\$22.00
11	03/28/2008	17-21011	Late Pay 2/1-2/15/08	Late Pay 2/1-2/15/08		\$2.00	\$24.00
12	04/01/2008	13-040108	Misc Disbursement	Photocopies - HIMD	\$0.60		\$23.40
13	04/02/2008	13-040208	Misc Disbursement	Cash Card Disb	\$13.00		\$10.40
14	04/03/2008	13-040308	Misc Disbursement	CASH CARD DISB	\$10.40		\$0.00
15	04/14/2008	17-21036	Mar Pay 3/16-3/31/08 w/12.50	Mar Pay 3/16-3/31/08 w/12.50		\$32.50	\$32.50
16	04/16/2008	13-041608	Misc Disbursement	CASH CARD DISB	\$12.50		\$20.00
17	04/22/2008	13-013416	Misc Disbursement	Mrs. Debra Mouzon	\$20.00		\$0.00
18	04/22/2008	16-21048	Angela McGlothlan	Angela McGlothlan		\$175.00	\$175.00
19	04/23/2008	13-042308	Misc Disbursement	CASH CARD DISB	\$20.00		\$155.00
20	04/25/2008	13-013443	Misc Disbursement	Kenneth Copeland Ministries	\$17.50		\$137.50
21	04/30/2008	13-043008	Misc Disbursement	CASH CARD DISB	\$15.50		\$122.00
22	04/30/2008	17-21064	Apr Pay 4/1-4/15/08	Apr Pay 4/1-4/15/08		\$22.00	\$144.00
23	05/01/2008	13-013466	Misc Disbursement	Debra Mouzon	\$38.00		\$106.00
24	05/12/2008	13-013533	Misc Disbursement	Mrs. Debra Mouzon	\$35.00		\$71.00
25	05/14/2008	13-051408	Misc Disbursement	CASH CARD DISB	\$5.00		\$66.00
26	05/14/2008	17-21086	Apr Pay 4/16-4/30/08 w/12.50	Apr Pay 4/16-4/30/08 w/12.50		\$34.50	\$100.50
27	05/20/2008	13-052008	Misc Disbursement	CASH CARD DISB	\$5.00		\$95.50
28	05/22/2008	13-052208	Misc Disbursement	CASH CARD DISB	\$5.00		\$90.50
29	05/29/2008	17-22113	May Pay 5/1-5/15/08	May Pay 5/1-5/15/08		\$22.00	\$112.50
30	06/03/2008	13-060308	Misc Disbursement	CASH CARD DISB	\$10.00		\$102.50
31	06/11/2008	13-061108	Misc Disbursement	CASH CARD DISB	\$10.00		\$92.50
32	06/12/2008	17-22139	May Pay 5/16-5/31/08 w/12.50	May Pay 5/16-5/31/08 w/12.50		\$36.50	\$129.00
33	06/18/2008	13-061808	Misc Disbursement	CASH CARD DISB	\$10.00		\$119.00
34	06/23/2008	16-22154	Angela Mc Glorthan	Angela Mc Glorthan		\$15.00	\$134.00
35	06/23/2008	13-062308	Misc Disbursement	CASH CARD DISB	\$10.00		\$124.00
36	06/27/2008	17-22168	June Pay 6/1-6/15/08	June Pay 6/1-6/15/08		\$20.00	\$144.00
37	07/07/2008	13-070708	Misc Disbursement	Cash Card Disb.	\$10.00		\$134.00
38	07/14/2008	13-071408	Misc Disbursement	CASH CARD DISB	\$10.00		\$124.00
TOTAL WITHDRAWALS / DEPOSITS:					\$382.00	\$492.50	

<p>CONFIDENTIAL PATIENT INFORMATION - CALIFORNIA WELFARE AND INSTITUTIONS CODE SECTIONS 5328 & 4514. INFORMATION SUBJECT TO RELEASE IN ACCORDANCE WITH THE FEDERAL PRIVACY ACT OF 1974 (PUBLIC LAW 93-579).</p>
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7/25/2008

COALINGA STATE HOSPITAL

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9:04:48AM

TRUST ACCOUNT / CASHIERS' SYSTEM II

Patient Ledger Report

0004739 Mouzon, Alfonzo

	TransDate	Doc No.	Item	Comment	Withdrawl	Deposit	Balance
39	07/14/2008	17-22188	June Pay 6/16-6/30/08 w/12.50	June Pay 6/16-6/30/08 w/12.50		\$32.50	\$156.50
40	07/23/2008	16-23004	Angela Mc Glarthan	18227 Lost Knife Cir. # 202		\$100.00	\$256.50
41	07/23/2008	13-072308	Misc Disbursement	CASH CARD DISB	\$5.00		\$251.50

DATE 7/25/08

THIS IS A CERTIFIED COPY OF
THE ABOVE NAMED PATIENT'S
HOSPITAL ACCOUNT.

Debi Philpotts
TRUST OFFICER

TOTAL WITHDRAWALS / DEPOSITS:

\$387.00

\$625.00

UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF CALIFORNIA

(PR)
MMC

Dear Sir or Madam:

CV 08

3678

Your petition has been filed as civil case number _____

✓ A filing fee of \$5.00 is now due. If you are unable to pay the entire filing fee at this time, you must sign and complete this court's Prisoner's In Forma Pauperis Application in its entirety. If the application is granted, you will not have to prepay the fee.

Your petition is deficient because you did not pay the filing fee and:

1. _____ you did not file an In Forma Pauperis Application.

2. ✓ the In Forma Pauperis Application you submitted is insufficient because:

✓ You did not use the correct form. You must submit this court's current Prisoner's In Forma Pauperis Application.

_____ Your In Forma Pauperis Application was not completed in its entirety.

_____ You did not sign your In Forma Pauperis Application.

o/c ✓ You did not submit a Certificate of Funds in Prisoner's Account completed and signed by an authorized officer at the prison.

✓ You did not attach a copy of your prisoner trust account statement showing transactions for the last six months.

✓ Other NO IFP APPLICATION

Enclosed you will find this court's current Prisoner's In Forma Pauperis Application, which includes a Certificate of Funds in Prisoner's Account form, and a return envelope for your convenience.

Warning: YOU MUST RESPOND TO THIS NOTICE. If you do not respond within **THIRTY DAYS** from the filing date stamped above, your action will be **DISMISSED**, the file closed and the entire filing fee will become due immediately. Filing a Prisoner's In Forma Pauperis Application will allow the court to determine whether prepayment of the filing fee should be waived.

Sincerely,
RICHARD W. WIEKING, Clerk,

By _____
Deputy Clerk

HOUZON

Alonso Mouzon #CO-000473-9
COLLINGA STATE HOSPITAL
P.O. Box 5003 Unit #7
Colling, CA 93210-5003

Re to Case No.: CV 08 3678 MMC (PR)

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